

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

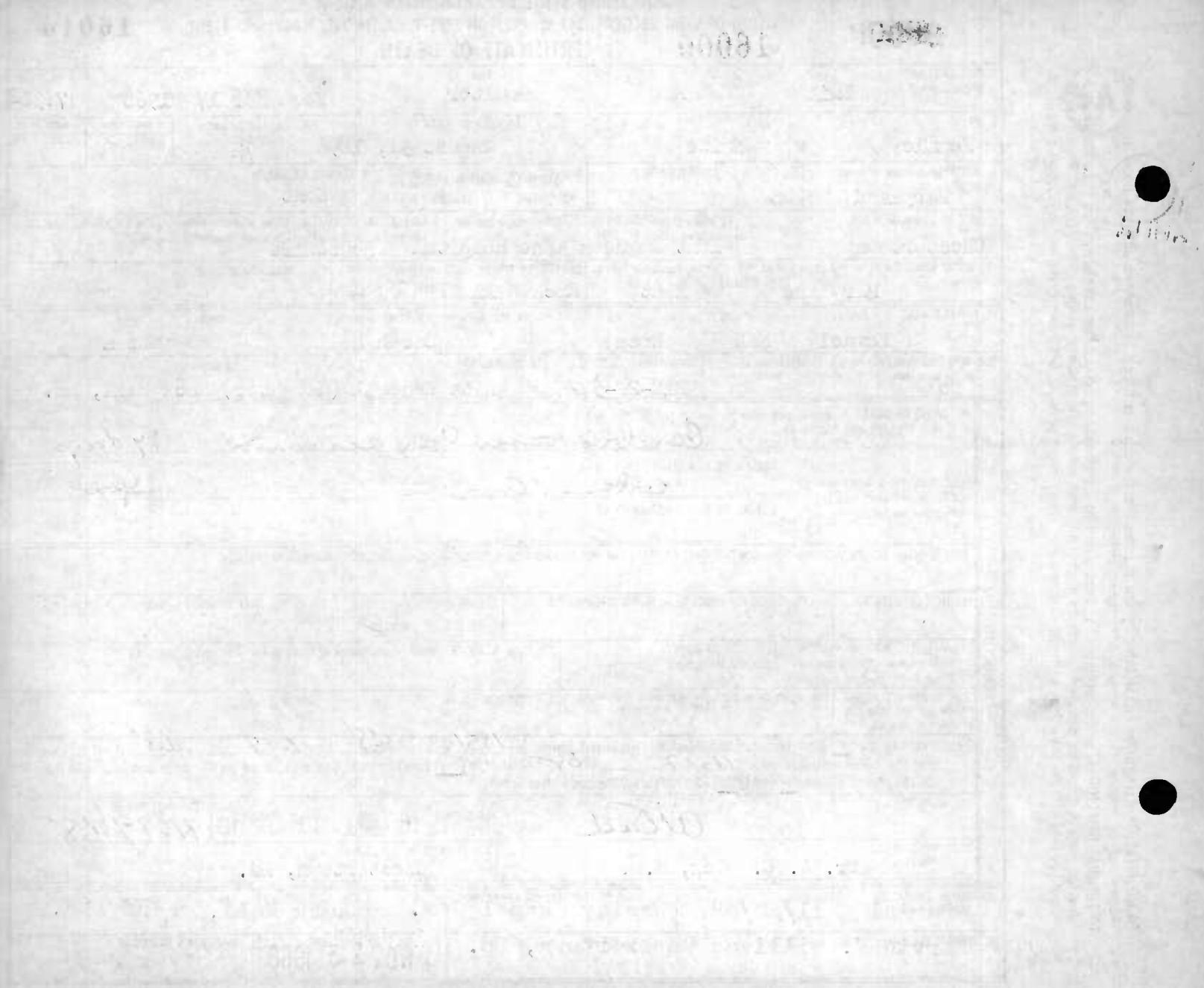
16014

18009

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) Enia Mae Boulter				2a. DATE OF DEATH November 17 1968	2b. HOUR 7:30 P.M.
3. SEX Female		4. RACE White	S. DATE OF BIRTH August 31, 1896	6. AGE (In years last birthday) 72 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? US	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Kent	
10. CITY OR TOWN OF DEATH Chestertown		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Kent & Queen Anne Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. COUNTY Kent	13c. CITY OR TOWN Rock Hall	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER
14. FATHER'S NAME Lemuel NMN Beck		15. MOTHER'S MAIDEN NAME First Sarah Nell		Middle	Last Watson
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 218-20-5224	17. INFORMANT Anita Kendall (daughter)	Address Rock Hall, Md.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro vascular accident</u> 4369 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (b) <u>Arthritis</u> stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 331X					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County State
22a. I certify that (I) (this hospital) attended the deceased from 11/15/68, 1968, to 11-17, 1968, that (I) (we) last saw the deceased alive on 11-17 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>A. C. Dick</u>					
22d. PHYSICIAN'S NAME (Type) Dr. A. C. Dick, M.D.		22e. ADDRESS Chestertown, Md.	22c. DATE SIGNED 11-17-68		
23a. BURIAL, CREMATION, REMAINS (Specify) Burial		23b. DATE 11/20/68	23c. NAME OF CEMETERY OR CREMATORIUM Wesley Chapel Cem.	23d. LOCATION (City or Town) Rock Hall, Kent	(County) Md. (State)
24. FUNERAL DIRECTOR Marvin V. Williams		ADDRESS Chestertown, Md.	25a. REC'D. BY REGISTRAR DATE Nov 25 1968	25b. REGISTRAR'S SIGNATURE Charles Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16015

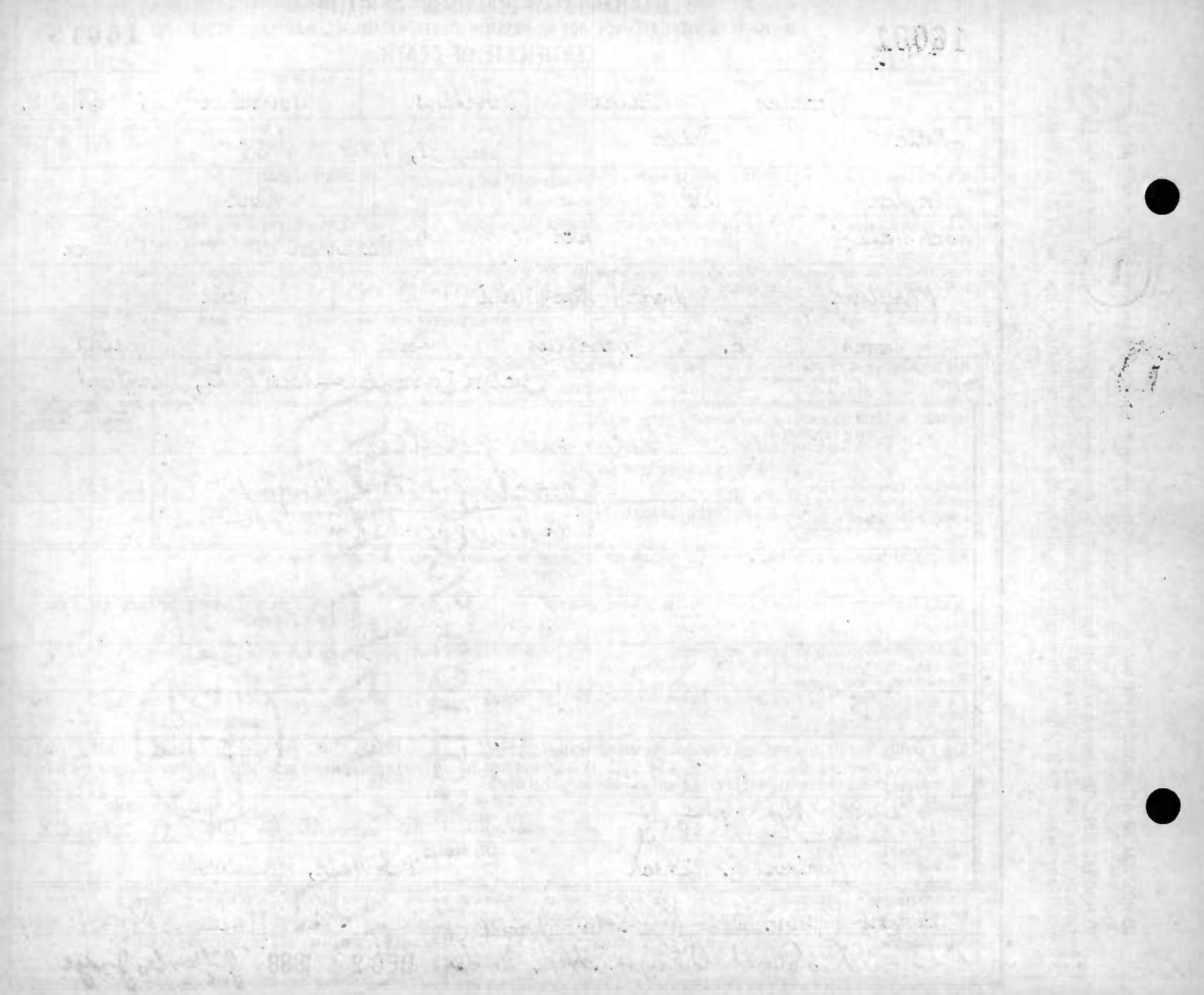
16001

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)	First Charles	Middle Miller	Last Cornelius	2a. DATE OF DEATH Month November	Day 25	Year 68	2b. HOUR 2 P.M.
3. SEX Male	4. RACE White	5. DATE OF BIRTH May 31, 1903			6. AGE (In years last birthday) 85	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Kent				
10. CITY OR TOWN OF DEATH Rock Hall	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) xxx			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) waterman			12b. KIND OF BUSINESS OR INDUSTRY xx
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Kent	13c. CITY OR TOWN Rock Hall	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	13e. STREET AND NUMBER xxx			
14. FATHER'S NAME James	First A.	Middle Cornelius	15. MOTHER'S MAIDEN NAME Ruth				Lost Apsley
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown	16b. SOCIAL SECURITY NO.	17. INFORMANT Evelyn Cornelius—Rock Hall, Maryland				Address	
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) 1619 Pulmonary Edema							
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) 1619 Cancer of larynx							
DUE TO, OR AS A CONSEQUENCE OF last. (c) Cardiovascular							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. DATE OF OPERATION 161X		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input checked="" type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>Aug 1</u> , 1968, to <u>Nov 20</u> , 1968, that (I) (we) last saw the deceased alive on <u>Nov 24</u> , 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE Norbert C. Nitsch		DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11-26-68		
22d. PHYSICIAN'S NAME (Type) Norbert C. Nitsch		22e. ADDRESS Rock Hall, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 27	23c. NAME OF CEMETERY OR CREMATORIAL Wesley Chapel			23d. LOCATION (City or Town) Rock Hall	(County) MARYLAND (State)
24. FUNERAL DIRECTOR Edward L. Lane		ADDRESS Church Hill, Md.	25a. REC'D BY REGISTRAR DEC 2 1968			25b. REGISTRAR'S SIGNATURE Charles Judge	



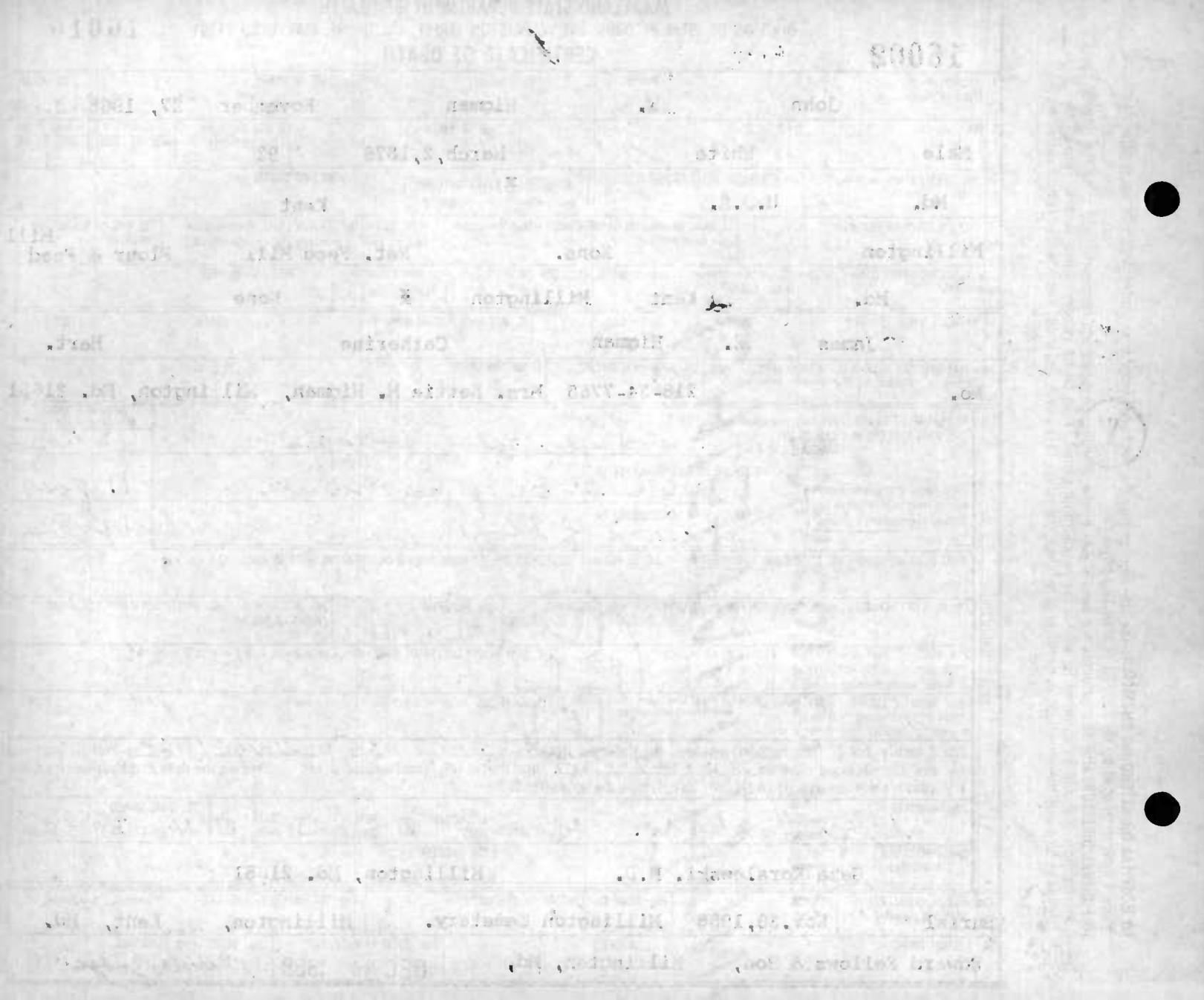
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16016

16002

1. DECEASED-NAME (Type or print)	First John Middle W. Last Higman			2a. DATE OF DEATH Month November Day 27, Year 1968	2b. HOUR 3 P.M.				
3. SEX Male	4. RACE White			S. DATE OF BIRTH March 2, 1876	6. AGE (In years last birthday) 92	IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS MIN.		
7b. BIRTHPLACE (State or foreign country) Md.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Kent				
10. CITY OR TOWN OF DEATH Millington		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) None.			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Ret. Feed Mill				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13c. CITY OR TOWN Kent			13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER None			
14. FATHER'S NAME First James		Middle E.	Last Higman	15. MOTHER'S MAIDEN NAME First Catherine			Middle	Last Hart.	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO. 218-34-7765			17. INFORMANT Mrs. Nettie M. Higman, Millington, Md. 21651			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Blood circulatory collapse DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). stating the underlying cause 428 X Degeneration of heart muscle -									12 hours
DUE TO, OR AS A CONSEQUENCE OF (b) Degeneration of heart muscle - DUE TO, OR AS A CONSEQUENCE OF (c) Plethora of blood vessels -									11 years
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									12 years
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.		City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from Oct 6, 1955 , to Nov 27, 1968 , that (I) (we) last saw the deceased alive on Nov 1, 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.									
22b. SIGNATURE Geza Koralewski - MD									
22d. PHYSICIAN'S NAME (Type)		DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/>	MED. DIRECTOR	<input type="checkbox"/>	STAFF PHYS.	<input type="checkbox"/>	22c. DATE SIGNED Nov. 29, 1968
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 30, 1968	23c. NAME OF CEMETERY OR CREMATORIUM Millington Cemetery.			23d. LOCATION (City or Town) Millington,		(County) Kent,	(State) Md.
24. FUNERAL DIRECTOR Edward Fellows & Son,		ADDRESS Millington, Md.			25a. REC'D BY REGISTRAR DEC 3 1968		25b. REGISTRAR'S SIGNATURE Charles Judge		



16003

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, attach it to the funeral papers and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. If you do not have a burial-transit permit, then please remove carbon paper and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)	First Mary	Middle ..	Last Holley	2a. DATE OF DEATH Month 11	Day 21	Year 68	2b. HOUR 6 AM
3. SEX Female	4. RACE Colored	5. DATE OF BIRTH Sept. 17, 1908			6. AGE (In years last birthday) 60	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN. YRS.	
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Kent County,				
10. CITY OR TOWN OF DEATH R.F.D. Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) At Home			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Domestic			12b. KIND OF BUSINESS OR INDUSTRY Md.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Kent	13c. CITY OR TOWN Chestertown	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER +			
14. FATHER'S NAME First William	Middle F.	Last Johnson	15. MOTHER'S MAIDEN NAME First Anna	Middle Hynes	Last on		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service)	17. INFORMANT Mrs. Mabel Johnson	Address R.F.D. # 33 Chestertown, Md.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONAR EDEMA (Acute)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH FEW MINUTES			
4120 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause stating the underlying cause last. (b) H C V D				SEVERAL YEARS			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 443X							
19a. DATE OF OPERATION 443X	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from 10-9- , 19 68 , to 11-21 , 19 68 , that (I) (we) lost saw the deceased alive on 11-7 , 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE A. Jorge Oteiza	DEGREE ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11-22-68.			
22d. PHYSICIAN'S NAME (Type) A. Jorge Oteiza M.D.	22e. ADDRESS Chestertown, Maryland						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/23/68	23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Emmanuel Cemetery	23d. LOCATION (City or Town) Pomona	(County) Kent	(State) Md		
24. FUNERAL DIRECTOR Kenneth Dely	25a. REC'D BY REGISTRAR DATE NOV 26 1968			25b. REGISTRAR'S SIGNATURE Charles Judge			

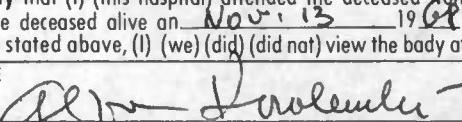
30001 79911

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

16018

16004.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ~~executed~~ within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DECEASED-NAME (Type or print)	First Mamie	Middle Johnson	Lost	2a. DATE OF DEATH Month November	Day 14	Year 1968	2b. HOUR 2:30 A.M.	
SEX Female	4. RACE Colored	S. DATE OF BIRTH October 7, 1888	6. AGE (In years last birthday) 80	7. IF UNDER 1 YEAR MONTHS 0				
5. BIRTHPLACE (State or foreign country) Cecil Co., Md.		7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Kent				
10. CITY OR TOWN OF DEATH Massey.		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Home. Rural	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Housework	12b. KIND OF BUSINESS OR INDUSTRY Home				
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.		13c. CITY OR TOWN Kent.	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER				
4. FATHER'S NAME Unknown	First Boyer	Middle Boy	15. MOTHER'S MAIDEN NAME First Mary	Middle Thomas	Lost			
6a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16b. SOCIAL SECURITY NO. 428X	17. INFORMANT Daughter Mable Griffin,	Address Massey, Md. 21650					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHO PNEUMONIA DUE TO, OR AS A CONSEQUENCE OF (b) Blood circulatory collapse DUE TO, OR AS A CONSEQUENCE OF (c) Degeneration of heart muscle -				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days. 1 day. 3-4 years.				
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4222								
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town		County	State		
22a. I certify that (I) (this hospital) attended the deceased from <u>Aug 20</u> , 19 <u>68</u> , to <u>Nov. 13</u> , 19 <u>68</u> , that (I) (we) last saw the deceased alive on <u>Nov. 13</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
22b. SIGNATURE 	DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11/14/68			
22d. PHYSICIAN'S NAME (Type) Geza Koralewski. M.D.	22e. ADDRESS Millington, Md. 21651							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 17, 1968	23c. NAME OF CEMETERY OR CREMATORY A.M.E. Church Yard.	23d. LOCATION (City or Town) Golts,	(County) Kent,	(State) Md.			
24. FUNERAL DIRECTOR Edward Fellows & Son, Millington, Md. 21651	ADDRESS Edward Fellows & Son, Millington, Md. 21651	25a. REC'D. BY REGISTRAR DATE NOV 19 1968	25b. REGISTRAR'S SIGNATURE Charles Judge					

卷之三

7

Textolite

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16019

1 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Please and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

16005			CERTIFICATE OF DEATH										16019		
1. DECEASED-NAME (Type or print)			First	Middle	Last	2a. DATE OF DEATH			Month	Day	Year	2b. HOUR			
Joseph			Edward		Kirsch	11	16	58	5	30	AM				
3. SEX			4. RACE	5. DATE OF BIRTH			6. AGE (In years last birthday)			IF UNDER 1 YEAR		IF UNDER 24 HRS.			
Male			White	2-5-1885			83 YRS.			MONTHS	DAYS	HOURS	MIN		
7a. BIRTHPLACE (State or foreign country)			7b. CITIZEN OF WHAT COUNTRY?			8. MARRIED			NEVER MARRIED	<input type="checkbox"/>	9. COUNTY OF DEATH				
Maryland			America			<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Kent				
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY						
Chestertown			Kent & Queen Anne's Hospital			Farmer - Retired									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13c. CITY OR TOWN			13d. INSIDE CITY LIMITS?			13e. STREET AND NUMBER						
Md.			Queen Anne's Centreville			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
14. FATHER'S NAME			First	Middle	Last	15. MOTHER'S MAIDEN NAME			First	Middle	Last				
Nicholas			-		Kirsch	Clementine			-	-	-				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16b. SOCIAL SECURITY NO.			17. INFORMANT			Address						
No			218-50-2119			Hospital Records			Chesertown Md.						
Sue Waters															
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			one week												
Pneumonia															
2509															
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b), lost.															
(b) Gram negative bacillus															
DUE TO, OR AS A CONSEQUENCE OF															
(c) Diabetes mellitus and uremic acidosis.															
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)															
260x		19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.			City or Town		County	State			
22o. I certify that (I) (this hospital) attended the deceased from 11-10, 19 68, to 11-16, 19 68, that (I) (we) lost saw the deceased alive on 11-16 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.															
22b. SIGNATURE			Thomas J. Solon			DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/>	MED. DIRECTOR	<input type="checkbox"/>	STAFF PHYS.	<input type="checkbox"/>	22c. DATE SIGNED		
22d. PHYSICIAN'S NAME (Type)			Thomas J. Solon, M.D.			22e. ADDRESS			Chestertown, Maryland				11/16/68		
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE			23c. NAME OF CEMETERY OR CREMATORIAL			23d. LOCATION (City or Town)			(County)	(State)		
Burial			Nov. 18, 1968			Holy Cross Cemetery			Denton Caroline Co., Md.						
24a. FUNERAL DIRECTOR			ADDRESS			25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE						
Frank H. Barton Jr.			Barton Bros. Centreville, Md.			NOV 21 1968			John G. George						

6000

X

Wood & Compton

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

16008

16020

1. DECEASED-NAME (Type or print)		First Helen	Middle Elizabeth	Last Lee	2o. DATE OF DEATH Month November	Day 14	Year 1968	2b. HOUR 10:05 A.M.													
3. SEX Female		4. RACE White	5. DATE OF BIRTH June 28, 1887		6. AGE (In years last birthday) 81		IF UNDER 1 YEAR MONTHS 0		IF UNDER 24 HRS. DAYS 0		HOURS 0		MIN. 0								
7o. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? US	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		9. COUNTY OF DEATH Kent Co., Md.																
10. CITY OR TOWN OF DEATH Chestertown		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Kent & Queen Anne's Hospital		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY															
13o. USUAL RESIDENCE (Where deceased admission) STATE Maryland		13b. COUNTY Kent		13c. CITY OR TOWN Worton		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER None													
14. FATHER'S NAME First Harry		Middle Cooper	Last 	15. MOTHER'S MAIDEN NAME First Helen		Middle Elizabeth	Last Ivens														
16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No		16b. SOCIAL SECURITY NO. 161-03-4510		17. INFORMANT Hospital Records		Address Chestertown, Maryland															
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 16 days									
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage																					
4120 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertension Cardiovascular disease												 several years									
DUE TO, OR AS A CONSEQUENCE OF (c)																					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 443X																					
19a. DATE OF OPERATION 443X		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?													
21o. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)																	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State											
22a. I certify that (I) (this hospital) attended the deceased from October 29, 1968 , to November 14, 1968 , that (I) (we) last saw the deceased alive on November 14, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																					
22b. SIGNATURE <i>R. W. Farr</i>		DEGREE Robert W. Farr, M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11/16/68																
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Chestertown, Maryland																			
23o. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/16/68	23c. NAME OF CEMETERY OR CREMATORIAL Chester Cemetery		23d. LOCATION (City or Town) Chestertown, Md.		(County) Chestertown, Md.		(State) Chestertown, Md.												
24. FUNERAL DIRECTOR <i>J. Wells Wells</i>		ADDRESS Chestertown, Md.		25o. REC'D BY REGISTRAR DATE NOV 19 1968		25b. REGISTRAR'S SIGNATURE <i>Charles J. Jones</i>															

05004

80001

0001 001 1 radioradial 501 00000000 00000000

10 700 00 00000000 00000000 00000000

00000000 00000000 00000000 00000000

00000000 00000000 00000000 00000000

00000000 00000000 00000000 00000000

00000000 00000000 00000000 00000000

00000000 00000000 00000000 00000000

00000000 00000000 00000000 00000000

00000000 00000000 00000000 00000000

00000000 00000000 00000000 00000000

00000000 00000000 00000000 00000000

00000000 00000000 00000000 00000000

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16021

16007

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal.

1. DECEASED-NAME (Type or print)	First Amanda	Middle Sarah	Last Miller	2a. DATE OF DEATH Month November	Doy 11	Year 1968	2b. HOUR P. 10:50
3. SEX Female	4. RACE Negro	5. DATE OF BIRTH February 25, 1897		6. AGE (In years last birthday) 71		IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? US	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED	9. COUNTY OF DEATH Kent Co.,				
10. CITY OR TOWN OF DEATH Chestertown	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Kent & Queen Annes Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife		12b. KIND OF BUSINESS OR INDUSTRY	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Kent	13c. CITY OR TOWN Chestertown	13d. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13e. STREET AND NUMBER Rt. #2			
14. FATHER'S NAME First Aaron	Middle McClenon	Last Johnson	15. MOTHER'S MAIDEN NAME First Mary	Middle Elizabeth	Lost Comegys		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, unknown No	16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 213-18-4162	17. INFORMANT Hospital Records		Address Chestertown, Maryland			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4360 14 hours Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertension Years (c) Arteriosclerosis, generalized Years							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 381X							
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <small>(If either, notify medical examiner)</small>	21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State		
22a. I certify that (I) (this hospital) attended the deceased from November 5, 1968 , to November 11, 1968 , that (I) (we) last saw the deceased alive on November 11, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.							
22b. SIGNATURE <i>A. C. Dick, M.D.</i>				ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 11-11-68
22d. PHYSICIAN'S NAME (Type) A. C. Dick, M. D.	22e. ADDRESS Chestertown, Maryland 21620						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/16/68	23c. NAME OF CEMETERY OR CREMATORIAL Mt. Pleasant Cemetery	23d. LOCATION (City or Town) Chestertown	(County) Kent	(State) Md.		
24. FUNERAL DIRECTOR <i>Kenneth W. Dick</i>	ADDRESS Chestertown, Md.	25a. REC'D BY REGISTRAR DATE NOV 19 1968	25b. REGISTRAR'S SIGNATURE <i>Charles J. Jones</i>				

12024

1990-X-844444

12024

12024 1990-X-844444

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16022

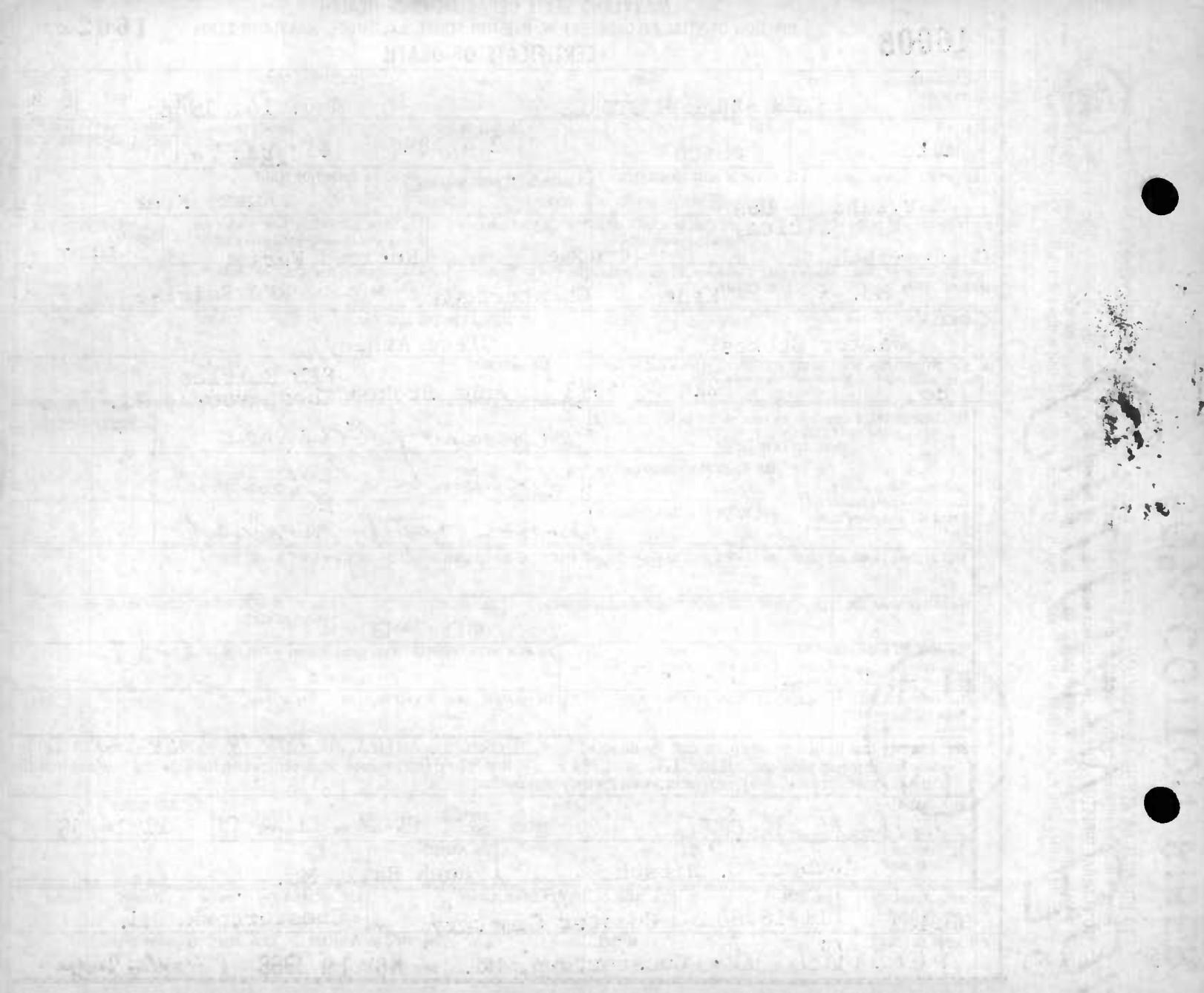
CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
 Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

16008

1. DECEASED-NAME (Type or print)	First	Middle	Last	2a. DATE OF DEATH Month Day Year	2b. HOUR 6 A M
PETER ABRAHAM STOKES				Nov. 14, 1968	
3. SEX male	4. RACE white	S. DATE OF BIRTH 2/4/1887	5. AGE (In years last birthday) 81	X 687 YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH KREEK Kent		
10. CITY OR TOWN OF DEATH Fairlee	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) at home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Retired Farmer	12b. KIND OF BUSINESS OR INDUSTRY farm		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md.	13c. CITY OR TOWN Kent	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER RFD Fairlee		
14. FATHER'S NAME Walter Stokes	15. MOTHER'S MAIDEN NAME Clara Ashley				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no	16b. SOCIAL SECURITY NO. 214 36 5893	17. INFORMANT RFD Fairlee Anna Stokes	Address Chestertown, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1519</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____ DUE TO, OR AS A CONSEQUENCE OF <u>Pulmonary Edema</u> <u>Carcinoma of stomach</u> (d) _____ (e) _____ DUE TO, OR AS A CONSEQUENCE OF <u>Hernia - right inguinal</u> PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <u>151X</u>					
19a. MEDICAL CERTIFICATION DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)			
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
22a. I certify that (I) (this hospital) attended the deceased from <u>Nov. 1</u> , 1968, to <u>Nov. 14</u> , 1968, that (I) (we) last saw the deceased alive on <u>Nov. 13</u> , 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <u>Norbert C. Nitsch</u>	DEGREE	ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 11/14/68		
22d. PHYSICIAN'S NAME (Type) Norbert C. Nitsch	22e. ADDRESS Rock Hall, Md.				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/16/68	23c. NAME OF CEMETERY OR CREMATORIAL Chester Cemetery	23d. LOCATION (City or Town) Chestertown, Md.	(County)	(State)
24. FUNERAL DIRECTOR <u>J. Willis Wells</u>	ADDRESS Chestertown, Md.	25a. REC'D BY REGISTRAR Charles Judge	25b. REGISTRAR'S SIGNATURE Charles Judge	DATE NOV 19 1968	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16023

16009

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED NAME (Type or print)			First Roland	Middle Bruce	Last Thompson	2a. DATE OF DEATH Month November	Day 7	Year 1968	2b. HOUR 5:25 A.M.		
3. SEX Male		4. RACE White			S. DATE OF BIRTH May 3, 1895	6. AGE (In years last birthday) 73 YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN	
7a. BIRTHPLACE (State or foreign country) Maryland		7b. CITIZEN OF WHAT COUNTRY? US			B. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Kent Co.,					
10. CITY OR TOWN OF DEATH Chestertown			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Kent & Queen Anne's Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Ret. Carpenter - Self Emp.			12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Kent			13c. CITY OR TOWN Chestertown			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER Quaker Neck	
14. FATHER'S NAME First Eugene			Middle Earl	Last Thompson	15. MOTHER'S MAIDEN NAME First Mary			Middle		Last Katherine Lawrence	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No			16b. SOCIAL SECURITY NO. (If yes give war or dates of service) 214-28-3249			17. INFORMANT Hospital Records			Address Chestertown, Maryland		
IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1621 <i>Carcinoma of primary lung</i> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH											
DUE TO, OR AS A CONSEQUENCE OF (b) <i>& Prob. cerebral metastasis</i>											
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 1621 Diabetes mellitus well controlled											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)						
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.		City or Town		County	State	
22a. I certify that (I) (this hospital) attended the deceased from October 24, 1968 , to Nov. 7, 1968 , that (I) (we) last saw the deceased alive on Nov. 7, 1968 , and that in (my) (we) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <i>Harry P. Ross</i>		DEGREE	ATTENDING PHYS.	<input checked="" type="checkbox"/> MED. DIRECTOR	<input type="checkbox"/> STAFF PHYS.	22c. DATE SIGNED 11-8-68					
22d. PHYSICIAN'S NAME (Type) Harry P. Ross, M.D.		22e. ADDRESS Chestertown, Maryland 21620									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/9/68		23c. NAME OF CEMETERY OR CREMATORIAL Stevensville Cemetery			23d. LOCATION (City or Town) Stevensville, Md.		(County) (State)		
24. FUNERAL DIRECTOR <i>J. Willis Wells</i>		ADDRESS Chestertown, Md.			25a. REC'D BY REGISTRAR DATE NOV 12 1968			25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>			

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000